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ABSTRACT

This paper describes the development of Allo-Centered (altruistic other-centered) Psychotherapy, an other-centered form of counseling which aims to redirect the client's orientation from self to others. It is noted that this approach is also suitable for clients from group-oriented cultures such as Asians, Pacific Islanders, or Latin Americans. The Allo-Awareness Technique is described in terms of its seven cyclical phases, i.e., affective, behavioral, cognitive, affective, behavior, cognitive, assignment. Other specific techniques developed to increase the awareness and understanding of others, to assist in the development of warm, loving feelings toward significant others, to help the client's identification with a desired positive person, or to gain an increased sense of acceptance, fulfillment, and meaning are discussed. Indirect techniques and modifications of other common counseling techniques are also described along with the limitations and pitfalls of the Allo-Centered approach. (Author/NRB)

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ALLO-CENTERED PSYCHOTHERAPY AND COUNSELING:
AN APPROACH PARTICULARLY SUITABLE IN A PLURALISTIC SOCIETY

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ALLO-CENTERED PSYCHOTHERAPY AND COUNSELING:
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by

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The proliferating abundance of self-help literature has put some powerful psychological techniques into the hands of the large public. When used indiscriminately without the supervision of a professional, these techniques can backfire.

While many responsible authors used this type of writing to make people aware of the need for qualified help or to teach them preventative measures like better communication, elementary relaxations, etc., countless other authors gave by their simplistic, self-help advice, the false impression that psychologists are made obsolete.

As a result, the '60s and the '70s have seen countless individuals engaged in introspection, self-diagnosis attempts for self-change. This trend, grafted on our Zeitgeist (spirit of the time), contributed to the increase of the general orientation on self, already prevalent in our highly individualistic society.

Homemade introspection can easily become neurotic in a predisposed individual. Deprived of outside feedback, it tends to accentuate the initial characteristics of the individual. As the prevailing mood today is more towards negative thinking, the introspection will tend to gravitate on problems, weaknesses and failures, leading frequently to depression, poor self-image, low self-esteem, hypochondria, etc.

The presently prevalent orientation on self is frequently a contributing factor to a series of psychological problems. The self-absorption leads to a poor knowledge of others as well as to a deprivation of the feedback that the individual can get from them. Self-centered people having poor understanding of others find them unpredictable and, therefore, are frequently afraid of joining them. The self-centeredness may lead to isolationism, loneliness, depression, paranoid state, anxiety, etc.

The indiscriminate use of Eastern meditation and introspective methods by a Westerner may also contribute to an increased self-centeredness. The Eastern philosophy and psychology, together with its culture, make a harmonious whole. Its meditation and introspection techniques are meant to go together with a previously well developed group orientation which is seldom found in our individualistic society.

In recent years concern has arisen with the emergence of the Me-Generation, or the Narcissistic Society. There are some reservations concerning the term

Narcissistic because in this case, it is not used in the usual psycho-analytic sense as initially coined. Whatever the term used to name the phenomenon, it attempts to describe what is perceived as an increase in the self-centered attitude and a decrease in altruistic other-centered (allo-centered) behavior.

In order to avoid confusion, we will not use terms that can mean different things to different people, except in direct quotations. In this category are: Narcissism, because of the confusion with the psycho-analytical meaning, and egocentrism, because of Piagetian use to reflect the behavior of young children. The term "selfish" may not be most accurate either because it denotes an aware (intentional) self-centered behavior with a shade of envy and anti-social inclination--a sort of me-versus-the-world attitude.

It is my observation, derived from both my counseling and my teaching experience, that the majority of youngsters whose attitude would categorize them into the so-called "Me-Generation" could not be labeled selfish, although they clearly engage in self-centered behavior. Most of them just lack the awareness of others. Once they are helped to perceive others' needs, they are ready to be helpful and even altruistic.

Following the above consideration, I decided to use the term "self-centered behavior" to depict what currently is labeled the "Me-Generation" or "Narcissistic Society" and for its antonym, I chose the less used, and as a consequence, less distorted term of Allo-Centrism, meaning other-centered behavior.

In 1972, I started developing the Allo-Centered Psychotherapy and Counseling. Its emphasis is to re-establish a balance by redirecting the client's orientation from self to others. It has its roots in the works of Alfred Adler, Victor Frankl, Gordon Allport, Martin Buber, and others. This approach is also suitable for working with clients from group-oriented cultures like Asians, Pacific Islanders, or Latin Americans.

On the dimension of individualism-group orientation, the American Anglo-Saxon culture places itself on the extreme end of "individualism," while cultures like those mentioned above are positioned towards the "group orientation" extreme. The Allo-Centered approach takes a middle-of-the-road position by encouraging the individual to be oriented towards other individuals instead of the group or self, and thereby creates a good meeting ground for different cultures in our pluralistic society.

For the East-Asian client, this approach has the advantage in that it indirectly explores the client's feelings and relationships, which is culturally more acceptable. It also uses the already existing group orientation of the client, but it individualizes it in a more Anglo-Saxon way.

Allo-Centered Psychotherapy does not reject any other legitimate approach, but rather builds upon them. It can be used with any technique. In fact, most

commonly used therapeutic methods can be used, some directly, some modified. In this brief paper we will only have the time to present some of the techniques specific to the Allo-Centered Psychotherapy. I am presently working on an expanded manuscript to be published, possibly as a book.

Before we begin, some preliminary observations are needed: it is easier to develop Allo-Centrism by letting the client focus on a person who is important to her and who is likely to respond with good feelings. Even in such a case, the therapy has to take into consideration all three dimensions--behavioral, cognitive, and affective--if it is to bring about attitudinal changes that will last and will generalize. In other words, a holistic approach is advocated.

One of the technique specific to Allo-Centered Psychotherapy is what I have labeled as the "Allo-Awareness" Technique. It includes the analysis of the interaction of the client with a significant other (S.O.) from the point of view of the S.O.'s behavior, feelings, and cognitive style, first as perceived by the client, then considering all alternate possibilities. Whether we start working with the behavior, affective, or cognitive aspect will depend upon the client's style. An individual talking mostly in terms of action will be more open to an awareness of the other's behavior. Another one, using feelings in communication would be more sensitive to an affective approach, while persons expressing themselves in cognitive terms will be more open to a cognitive approach. Whichever method is used first, the other two will follow, preferably but not necessarily within the same session.

Imagery can be used here to help the client identify with the S.O. In this way, a better communication results, facilitated by an increasing empathy and warmer feelings. Thus, the client's refocusing from self to other is reinforced both in therapy and in the interactions with the S.O. An increased sense of acceptance, fulfillment, and meaning results.

The Allo-Awareness Technique includes several phases:

1. Affective Phase. Explore with the client what the S.O. may have felt in a certain situation in which both are involved. It is important to insist that the client lists, with only minimal help from you, all the reasonable alternative feelings possible. This way we avoid the possibility of the client stereotyping or oversimplifying, projecting, or becoming committed to a specific perception of the S.O. and thereby becoming defensive about changing it if inaccurate.

2. Behavioral Phase. List with the client the possible behaviors that would support each of the above hypotheses made about the S.O.'s feelings. The question to ask is: What would S.O. have done if she had felt that way?

After listing the possible behaviors, we ask which of these behaviors were actually displayed by the person. At this stage, some of the possible feelings of the S.O. are eliminated, others are validated, and others are maintained as possible feelings that did not result in behaviors observable to the client.

3. Cognitive Phase. On what cognitive basis may the S.O. operate in that specific situation? Is that cognitive basis true, false, or incomplete?

At this point, we may introduce the analysis of the client's part of the interaction. What did she actually say to the S.O. and what does she infer that the S.O. knows? If the S.O.'s cognitions are false or incomplete, what could the client do to change them? Did the client lack the skills to communicate? We teach them.

Now the cycle is repeated from the client's point of view.

4. Affective. What are the client's feelings in response to those of the S.O.? Here we connect the client's feelings with those of the S.O. and his behavior.

5. Behavior. What could the client do? Which are all the possible actions? How may the S.O. interpret each of the client's behavior (cognitive aspect), how may the S.O. feel about it (affective aspect), and react to it (behavioral aspect). This tends to break the self-centered cycle in which the client is usually engaged in. For instance: "When S.O. is doing this to ME, I feel...., because I AM...., due to the fact that when I was a child, my parents (or the society, the school) did.... to me," etc. The intent is to replace the previous self-focused thinking with an allo-centered one in which the client sees that her own behavior can affect the S.O. The client becomes more and more aware of how the S.O.'s behavior, feelings, and thinking depends upon her own behaviors. She can influence the interaction and is not powerless in a situation determined by past or vaguely defined events and forces about which she can do nothing.

6. Cognitive. Did the client learn something about the other? How will this new understanding affect the client's feelings and behavior towards the S.O.?

7. Assignment. The client is urged to test, through interaction with the S.O., the insight gained in the previous session(s). It is profitable to make some notes of the results to discuss in the future sessions.

As the awareness towards the S.O. develops, these steps are repeated to an increased level of depth.

Another method specific to the Allo-Centered Psychotherapy is used when a client desires to develop warm, loving feelings towards a person whom he feels is worthy of those feelings but for certain reasons has difficulties experiencing them. This technique does not preclude the exploration of the causes that may block the client's ability to develop or express such feelings. We do not talk here about sociopaths, but of healthy individuals who do not feel as much warmth or love towards a child, a spouse, a parent, or a good friend as they would like to feel. It is important that the person to whom we assist the client to develop warm feelings be an individual that is likely to respond to them at least to a certain degree.

The technique involves several steps:

1. Relaxation is induced with the use of any rapid technique. The deep muscular relaxation is not so important here. The focus is on the mental relaxation.
2. The client is encouraged to focus the mind on a peaceful, relaxing scene, like being on a beach. This further increases the relaxation and prepares him for the next step.
3. Guided fantasy on familiar cues related to warmth is induced, like lying in the sun, being close to a bonfire, etc.
4. The client is guided to focus on this experience of warmth, internalizing and localizing it in the chest area.
5. The feeling of warmth is associated with linguistically significant concepts like "a lovely sensation."
6. The feelings are generalized. The client feels surrounded by a bubble, or a cocoon of warmth that seems to generate from his chest and expands, creating around a pleasant, comfortable, secure environment.
7. This emotional experience is focused towards the other person. This can be done gradually, having the client first fantasize the person walking by at a certain distance concomitant with an increase in the "lovely" warm feelings. Little by little the closeness is increased. If the client does not display any anxiety or uneasiness, this desensitization-like gradual approach is not needed, and the warm feeling can be associated with and focused directly on the other person.

To safeguard against the possible hurt suffered by the client if rejected by the S.O., we emphasize the positive experience of the client having learned to experience warm feelings rather than having him anticipate the return of the feelings. It is also helpful to end the session with a return to Step Two (mind focusing) and then Step One (relaxation). If rejection occurs in the naturalistic situation, the pattern is set towards following the same sequence, the relaxation will ease the stress.

In more severe situations where the client has great difficulties achieving an allo-centered approach towards any S.O., we can use a more indirect technique. We can choose a suitable TAT card, or any similar picture, and ask the client to tell a story about the picture, giving similar instructions as those for a TAT test. In the story, the client will most frequently identify with one of the persons from the picture. Then we choose another person from the same picture, as closely identifiable as possible with a significant person in the client's relationship. We proceed now as we did in the first technique, asking the client to talk about this other person's feelings, behavior and cognitions, then about what the person he identified with would do, feel and think in response, etc.

Another approach is to ask the client to role-play the part of the S.O. while we act as a counselor using active listening, confrontation, clarification, etc., to help the "S.O." to know herself better. As a result, the client

identifies with the S.O. and understands him better by "having to walk a mile in his mocassins."

Like any therapeutic systems, the allo-centered one has its pitfalls of which we should be aware. For instance, we do not want to produce individuals that let others' expectations lead their life. Instead, we help them to become free agents and unique individuals who choose to invest part of their freedom for others' benefit, in an allo-centered mode. We also have to be aware of the false allo-centrism, meant to reap others' admiration, in fact a disguised self-centeredness. Another false allo-centrism is displayed by the busybody helper. We recognize him by the fact that he usually helps the other the way he wants, and not the way the helper would want it. It frequently disguises a self-centered take-over of the other's life. It is obvious that the allo-centered person neither attempts to dominate nor manipulates others for personal benefits. Likewise, the psychological Peeping-Tomism should not be confused with allo-centrism, where the benefit of the other is the main objective.

Like any system, the Allo-Centered Psychotherapy has its limitations. For instance, I would not recommend it to be used with sociopaths where the pitfalls are greater than the benefits. Also, I would not recommend it to be used to replace other therapies, but rather in conjunction with the approach most familiar to the therapist.